

RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 4 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Q U A L I F I C A T I O N I N F O R M A T I O N	1. Organization Name			2. Organization ID Number or Last License Number Issued
	3. Organization Address			
	City	State	ZIP Code	County
	4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-1159 to inquire as to what documentation must be submitted to qualify for licensing.			
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E (S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer		Day ()
	Title		Evening ()
	Signature of Principal Officer		Date
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Signature of Vice President or Equivalent		Date
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Other Officer		Day ()
Title		Evening ()	
Signature of Other Officer		Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION
PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure.
PENALTY: No license will be issued.

R A F F L E	8. Contact Person			9. Raffle Location (building name, if any)		
	Street Address Where License Should Be Mailed			Street Address		
	City	State	ZIP Code	City		
	Telephone Number (Day) ()	Telephone Number (Evening) ()		ZIP Code		County
S M A L L	10. List name, home address, and telephone numbers of the person(s) in charge of raffle. Must be member for 6 months. If more than one chairperson, attach additional list.					
	Raffle Chairperson		Street, City, State, ZIP Code			Telephone Numbers
	Name					Day ()
						Evening ()
11. If the total value of all prizes awarded in one day is \$500 or LESS , complete this section.						
L A R G E	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:		
	Date _____ Time (a.m./p.m.) _____ to _____			All drawing dates included on this application must be at the same location. \$15 for 1, 2, or 3 drawing dates plus \$5 for each additional drawing date. (Example: 1 drawing date = \$15 fee, 6 drawing dates = \$30 fee.)		
	Date _____ Time (a.m./p.m.) _____ to _____					
	Date _____ Time (a.m./p.m.) _____ to _____					
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.				<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center; font-size: 24px;">\$</div>		
-OR- If the total value of all prizes awarded in one day is MORE than \$500, complete this section.						
L A R G E	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:		
	Date _____ Time (a.m./p.m.) _____ to _____			All drawing dates included on this application must be at the same location. <div style="display: flex; align-items: center; justify-content: center;"> \$ <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 10px;"></div> = <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 10px;"></div> </div>		
	Date _____ Time (a.m./p.m.) _____ to _____					
	<input type="checkbox"/> Check here if there are additional drawing dates and attach list.					

<p>12. Will you be conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. ■ Complete the boxes below in ink; ensure the ticket is printed with all of the required items. See Raffle Rule 506.</p> <p>■ Indicate any additional information that will appear on the actual tickets.</p>	<p style="text-align: right;">001 Ticket #</p>
<p>RAFFLE</p> <div style="border: 1px solid black; height: 40px; margin: 10px auto; width: 80%;"></div> <p style="text-align: center;">Name of Licensee</p>	<p style="text-align: right;">001 Ticket #</p>
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 25%;">Drawing Date(s)</div> <div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;">Prizes</div> <div style="border: 1px solid black; padding: 5px; width: 25%;">Drawing Time(s)</div> </div>	<p>Purchaser's Name _____</p> <p>Purchaser's Address _____</p> <p>Purchaser's Phone # _____</p>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">First Prize *</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Second Prize (if applicable)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Third Prize (if applicable)</div> <div style="border: 1px solid black; padding: 5px;">Minimum 50/50 Prize (if applicable)</div>	<p>Ticket Price _____</p>
<div style="border: 1px solid black; padding: 5px; width: 60%;">Raffle Location</div>	<p><i>(to be added when issued)</i> License Number _____</p>

Make checks payable to: STATE OF MICHIGAN
Submit completed application, supporting documents, and license fee to:
Charitable Gaming Division, c/o Accounting, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933